

SERVICE PROVIDER AGENCY

D-822

PERILARYNGEAL AIRWAY ADJUNCTS SERVICE PROVIDER DESIGNATION

Date: 7/1/2023

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I. PURPOSE

To establish a standard mechanism for approval and designation as a Perilaryngeal Airway Adjuncts provider in San Diego County

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.170, 1797.204, and 1797.22.

III. DEFINITION(S)

Perilaryngeal Airway Adjuncts: For the purpose of this policy, the term "Perilaryngeal Airway Adjuncts" (PAA) includes both the supraglottic airway (i-gel) and retroglottic airway (King Airway) devices.

IV. POLICY

The County of San Diego, Emergency Medical Services (CoSD EMS) shall approve and designate PAA providers that meet established criteria.

V. PROCEDURES

- **A.** Documentation of current PAA program approval from CoSD EMS.
- **B.** Enter into a Memorandum of Agreement with CoSD EMS for PAA services within the particular area of jurisdiction.
- **C.** Comply with the California Code of Regulations, Title 22, Section 100064(b).